

## APPLICATION FORMS CHECKLIST

The checklist below summarizes the application forms required to be submitted in order to receive a funding allocation. Application forms not submitted to HCD by **September 15, 2017** will result in a denial of funds to your CoC Service Area. **HCD will not grant any extensions.**

- ☒ **Form I**      Applicant Contact Information
- ☒ **Form II**      Continuum of Care Contact Information
- ☒ **Form III**      Legislative and Congressional Information
- ☒ **Form IV**      Budget Workbook
- ☒ **Form V**      Certificate of Indirect Costs
- ☒ **Form VI**      Payee Data Record
- ☒ **Form VII**      Projected Outcomes
- ☒ **Form VIII**      Governing Board Authorizing Resolution
- ☒ **Form IX**      Certification of Continuum of Care Approval for Applicant

# FORM I: APPLICANT CONTACT INFORMATION

**Note:** Name of Applicant must be the same as stated in the Board Resolution and Payee Data Record.

<b>Name of Applicant:</b> <u>County of Shasta</u>		
County: <u>Shasta</u>	Federal Tax ID Number (EIN): <u>946000535</u>	
Address: <u>1450 Court Street, Suite 108</u>	Data Universal Numbering System (DUNS): <u>78719940</u>	
City, State and Zip: <u>Redding, CA 96001</u>		
<input type="checkbox"/> Private Non-Profit (501(c)3) <input type="checkbox"/> Victim Services Provider		
<input checked="" type="checkbox"/> Unit of General Purpose Local Government <input type="checkbox"/> Legal Services Provider		
<b>Authorized Representative Information (Per Board Resolution attached to this application)</b>		
Last, First and Middle Names: <u>Kuhns, Psy.D., Richard</u> <input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other _____		
Title: <u>Director</u>		
Address: <u>1450 Court Street, Suite 108</u> City, State and Zip: <u>Redding, CA 96001</u>		
Area Code and Phone No.: <u>(530)225-5160</u> <u>(530)225-5178</u>	Fax No.:	E-Mail Address: <u>rkuhns@co.shasta.ca.us</u>
<b>Applicant Contact Information (If Different from Authorized Representative)</b>		
Last, First and Middle Names: _____ <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other _____		
Title: _____		
Address: _____         City, State and Zip: _____		
Area Code and Phone No.: _____	Fax No.: _____	E-Mail Address: _____
<b>Applicant Fiscal Representative Information (i.e., CFO, Accountant/Bookkeeper)</b>		
Last, First and Middle Names: <u>Redmond, Janet</u> <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> Other _____		
Title: <u>Staff Services Manager</u>		
Address: <u>1450 Court Street, Suite 108</u> City, State and Zip: <u>Redding, CA 96001</u>		
Area Code and Phone No.: <u>(530)225-5160</u> <u>(530)225-5178</u>	Fax No.:	E-Mail Address: <u>jredmond@co.shasta.ca.us</u>

**FORM II: CONTINUUM OF CARE CONTACT INFORMATION**

Provide information for the CoC where the applicant will provide assistance with the ESG funding requested in this application.

<b>Continuum of Care (CoC) Name:</b> <u>Redding/Shasta CoC</u>		
<b>CoC Contact:</b> Last, First and Middle Names: <u>Kochems, Suzi</u> <input type="checkbox"/> Mr. <input checked="" type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other		
Title: <u>CoC Coordinator</u>		CoC No.: <u>CA-516</u>
Address: <u>105 Shasta Street</u>		City, State and Zip: <u>Orland, CA 95963</u>
Area Code and Phone No.: <u>530-228-7811</u> <u>(530)225-5178</u>	Fax No.: _____	E-Mail Address: <u>waverunnersue@sbcglobal.net</u>

<b>CoC Homeless Management Information System (HMIS):</b> _____		
<b>HMIS Software:</b> <u>Bell Data</u>		
<b>HMIS Lead:</b> Last, First and Middle Names: <u>Cardilino, Torri</u> <input type="checkbox"/> Mr. <input checked="" type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other _____		
Title: <u>HCPS III</u>		
Address: <u>1450 Court Street, Suite 108</u>		City, State and Zip: <u>Redding, CA 96001</u>
Area Code and Phone No.: <u>(530)225-5160</u> <u>(530)225-5178</u>	Fax No.: _____	E-Mail Address: <u>tcardilino@co.shasta.ca.us</u>

<b>Victim Service Provider Comparable Database Name: If applicable</b> _____		
<b>Contact:</b> Last, First and Middle Names: _____ <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other _____		
Title: _____		
Address: _____		City, State and Zip: _____
Area Code and Phone No.: _____	Fax No.: _____	E-Mail Address: _____

<b>Legal Service Provider Comparable Database Name: If applicable</b> _____		
<b>Contact:</b> Last, First and Middle Names: _____ <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other _____		
Title: _____		
Address: _____		City, State and Zip: _____
Area Code and Phone No.: _____	Fax No.: _____	E-Mail Address: _____

**FORM III: LEGISLATIVE AND CONGRESSIONAL INFORMATION**

Provide the Legislative and Congressional information for the Applicant and each activity location, (if different than Applicant location), included in this application.

To locate or verify the Legislative and Congressional information, click on the respective links below and enter the Applicant office location zip code, the activity location site zip code(s) (i.e., zip code(s) where activities are performed), and any additional activity location site(s), as applicable.

State Legislators: <http://www.leginfo.ca.gov>

U.S. House of Representatives: <http://www.house.gov/>

<b>Applicant Office Location</b>	<b>District #</b>	<b>First Name</b>	<b>Last Name</b>
State Assembly Member	<u>1</u>	<u>Brian</u>	<u>Dahle</u>
State Senate Member	<u>1</u>	<u>Ted</u>	<u>Gaines</u>
U.S. House of Representatives	<u>1</u>	<u>Doug</u>	<u>LaMalfa</u>
<b>Activity Location(s) – (if different from Applicant location)</b>	<b>District #</b>	<b>First Name</b>	<b>Last Name</b>
State Assembly Member	<u>2</u>	<u>Jim</u>	<u>Wood</u>
State Senate Member	<u>2</u>	<u>Mike</u>	<u>McGuire</u>
U.S. House of Representatives	<u>2</u>	<u>Jared</u>	<u>Huffman</u>
<b>Activity Location(s) – (if different from Applicant location)</b>	<b>District #</b>	<b>First Name</b>	<b>Last Name</b>
State Assembly Member	_____	_____	_____
State Senate Member	_____	_____	_____
U.S. House of Representatives	_____	_____	_____
<b>Activity Location(s) – (if different from Applicant location)</b>	<b>District #</b>	<b>First Name</b>	<b>Last Name</b>
State Assembly Member	_____	_____	_____
State Senate Member	_____	_____	_____
U.S. House of Representatives	_____	_____	_____

**FORM IV: BUDGET WORKBOOK**  
**To locate Budget Workbook:**

Complete the Budget Workbook located on the HCD website at:

<http://www.hcd.ca.gov/grants-funding/active-funding/esg.shtml>;

Under the heading ESG NOFA for the Balance of State Allocation and Application Forms, locate the 2017 Budget Workbook.

Open the worksheet labeled Proposed ESG Budget and Match. Complete this worksheet for your total 2017 BoS allocation of ESG funds as instructed.

**This worksheet must be submitted with the Application package.**

## FORM V: CERTIFICATE OF INDIRECT COSTS

Will the Applicant seek reimbursement for indirect costs for the 2017 ESG funds?

☒ Yes    ☐ No

I certify under penalty of perjury that:

(1) to the best of my knowledge and belief that the form is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the ESG program. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812),

(2) If the applicant will seek reimbursement for any indirect costs the applicant must:

- a. comply with all OMB requirements and standards including 2 CFR 200.403, 200.415, and Part 200 Appendix 4,
- b. certify that the applicant and/or any subcontractor seeking reimbursement for indirect costs at the de minimis rate do not meet the definition of a major nonprofit organization as defined by OMB 2 CFR 200.414, and
- c. maintain records including evidence of the Modified Total Direct Cost (MTDC) (2 CFR 200.68) calculations, indirect cost limits, and supporting documentation for actual direct cost billing.

I further certify that I am aware that there are penalties for willfully and knowingly giving false information on an application for federal or State funds, which may include immediate repayment of all federal or State funds received. I understand that the information submitted is subject to verification by State or federal personnel as part of compliance monitoring.

CERTIFICATION OF INDIRECT COSTS	
<u>Richard Kuhns, Psy.D.</u>	<u>Director</u>
PRINTED NAME OF AUTHORIZED REPRESENTATIVE	TITLE
   _____	
AUTHORIZED REPRESENTATIVE SIGNATURE	
   _____	
DATE	

**FORM VI: PAYEE DATA RECORD**

**To locate Payee Data Record, STD 204 Form:**

Complete the form located on the HCD website at:

<http://www.hcd.ca.gov/grants-funding/nofas.shtml>

**This form must be submitted with the Application package.**

## FORM VII: PROJECTED OUTCOMES

Provide the projected performance data for each ESG activity.

Activity	Projected Number of Persons Served	Projected Number of Households Served
Street Outreach		
Homelessness Prevention	<u>40</u>	<u>20</u>
Rapid Re-Housing	<u>40</u>	<u>20</u>

### Household:

A household is defined as an individual or a family that will be served during the duration of the grant. For projects that serve single individuals, the household is the same as the individual. For projects that serve couples, families with children, and other multi-person households, the household outcome should be based on the head of household.



By signing below, the CoC Representative certifies County of Shasta is the recommended 2017 ESG Noncompetitive Applicant.

Department of Housing and Community Development